

## STATUTORY CONTROL MANAGEMENT SYSTEM Application for Access

THROUGH BETTER RUADS														
Please mark with an X in the appropriate box														
Access	Ex	isting		New A Requ			Tempora Access							
	-				Land	Owner	Details	-	_					
Type of Service Owner	Indi	vidual												
Title (Individual only)				Contact	Person									
Service Owner Name						Servic	e Owner	Surnam	e					
Type of Service Owner	Orga	nisation												
Company Name						Conta	ct Persor	1						
Cell Phone						Er	nail							
Telephone						Fa	csimile							
Postal Address Line 1:														
Postal Address Line 2:														
Postal Address Line 3:														
Postal Code:			C	City:				Provi	nce					
Applicant Details														
Type of Service Owner	Indi	vidual		R	eference									
Title (Individual only)				Contact	Person									
Applicant Name						Applic	ant Surr	name						
Type of Service Owner	Orga	nisation		R	eferenc	e No.								
Company Name						Conta	ct Persor	1						
Cell Phone						Er	nail							
Telephone						Fa	csimile							
Postal Address Line 1:														
Postal Address Line 2:														
Postal Address Line 3:														
Postal Code:			C	City:				Provi	nce					
Contractor Details														
Title														
Title	Name					Surname								
Telephone														
Application Details														
Access Type	At-	grade		Interchan		Under		0	verpass	Rel	ocate Access		N/A	4
Access Use	Camp Access Cor		Com	mercial Farm		m Stall	Main	Main Access Residen		tial	Shared			emp iation

Route & Section	& Section N7–8 93,0N (Example – National Roads Marker Boards at 200m intervals)			e & Section ometre Detail Spacing		 Title Deed No.			
		wi	irement: Acco thin 500m & within 1km						
Application Description									
Traffic Impact Study Submitted			Yes	No					
Traffic Impact Statement Submitted			Yes	No					
Access Nature			Rural	Urba	an				
Access Existing New Acce Require			Temporar Access	У					

Document Check – has the following been attached?							
Locality Map	Yes	No	OFFICIAL USE ONLY	Yes	No		
Detail Design Drawings	Yes	No	OFFICIAL USE ONLY	Yes	No		
Title Deed	Yes	No	OFFICIAL USE ONLY	Yes	No		
EIA's (Environmental Impact Assessment)	Yes	No	OFFICIAL USE ONLY	Yes	No		
Traffic Impact Assessment/Study	Yes	No	OFFICIAL USE ONLY	Yes	No		
Application	Yes	No	OFFICIAL USE ONLY	Yes	No		
Approval Letter	Yes	No	OFFICIAL USE ONLY	Yes	No		
Correspondence	Yes	No	OFFICIAL USE ONLY	Yes	No		
Photographs	Yes	No	OFFICIAL USE ONLY	Yes	No		
Plans	Yes	No	OFFICIAL USE ONLY	Yes	No		
Scoping Report/Draft Scoping Report	Yes	No	OFFICIAL USE ONLY	Yes	No		
Other	Yes	No	OFFICIAL USE ONLY	Yes	No		
Conceptual Transport Planning/Study	Yes	No	OFFICIAL USE ONLY	Yes	No		

DECLARATION BY APPLICANT:							
I ACCEPT ALL CONDITIONS IN TERMS OF ANY AGREEMENT BETWEEN THE SA NATIONAL ROADS AGENCY AND THE APPLICANT IMPOSED UPON THIS APPLICATION.							
I AM AUTHORISED TO SIGN ON BEHALI	F OF THE LAND OWNER						
PRINT NAME	SIGNATURE	DATE					

## COMPLETED FORM TO BE RETURN TO:

REGIONAL MANAGER SA NATIONAL ROADS AGENCY LTD PO BOX 27230, GREENACRES, 6057 FOR ATTENTION: STATUTORY SECTION TEL: +27(41) 398 3200 FAX: + 27(041) 398 3222 E-MAIL: srstatutory@nra.co.za